



1111 N. Cherry Ave., Room 403
P.O. Box 210109
Tucson, Arizona 85721

Charitable Event Authorization

INSTRUCTIONS: This form must be accompanied by a completed [Gift Disbursement Request](#). Return completed form and attachment(s) to the UA Foundation, Financial Services Dept., Room 403, "Swede" Johnson Bldg. Questions regarding this form may be directed to fssupport@uafoundation.org or 621-5494. Faxed Copies are not accepted.

NOTE: If payment is for attendance at an event, all attendee names and their relationship to the University of Arizona MUST be included with this request. Payment must be made directly from the UAF to the charitable organization. Reimbursement for payment made by an individual to a charitable organization where the payment contains a tax deductible charitable gift amount is not allowed.

Prepared By: _____ **Dept. /PO Box:** _____ **Telephone No.:** _____ **Date:** _____

Email Address: _____ **Gift Disbursement Request No.:** _____

Organization Information:

Organization Name: _____

Event Name: _____ **Event Place:** _____

Event Date: _____ **Event Time:** _____ **Event Cost:** _____

Honoree(s): _____

U of A Business-Related Purpose of Payment:

Provide a clear explanation as to why attending this event or supporting this organization benefits the University of Arizona.

Required Authorization/Approvals:

**Required prior to submission to the Foundation.*

***Required Division Authorization:** _____ **Date:** _____

Dean or Dean's Designee

***Required University Approval:** _____ **Date:** _____

*Senior Vice President for Academic Affairs & Provost or
Senior Vice President Business Affairs or
Senior Vice President for Health Sciences*

Required Foundation Approval: _____ **Date:** _____

President & CEO